

3/25

FILED  
Apr 21, 2002 8:00 am  
Secretary of State

03-29-2002 90800 046 \*\*\*\*50.00

### 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003165

1. Entity Name

NOAH'S ARK ON MIAMI RIVER, L.L.C.

Principal Place of Business

3510 PIN TREE DRIVE  
MIAMI FL 33140

Mailing Address

3510 PIN TREE DRIVE  
MIAMI FL 33140

65-1089527 24784



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVAN R. MARBIN & ASSOCIATES, P.A.  
48 EAST FLAGLER STREET, PENTHOUSE 104  
MIAMI FL 33131

Name MEHRPOUYAN CYRUS

Street Address (P.O. Box Number is Not Acceptable)

3510 PINE TREE DR.

City M.B

FL

Zip Code

33140

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

MEHRPOUYAN CYRUS

3/09/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGR  
STREET ADDRESS MEHRPOUYAN, CYRUS  
CITY-ST-ZIP 3510 PINE TREE DRIVE  
MIAMI BEACH FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
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CITY-ST-ZIP  Change  Addition

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STREET ADDRESS  
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CITY-ST-ZIP  Change  Addition

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CITY-ST-ZIP  Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

1/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (9/01)